



Sibling Application

Applying for Grade/ Academic Year _____

Date _____

Student Last Name First Name Middle Name Birthdate (mo/day/yr)

Address City State Zip

Telephone (Indicate: *Home/Cell*) Sex Birthplace Citizenship

Religion Parish Language Spoken in Home

How did you learn about Saint Therese Carmelite School?

Sacramental Information

Baptism Date (mo/day/yr) Church City State

First Communion Date (mo/day/yr) Church City State

School Information

Current School City State

Past School Dates Attended City State

Past School Dates Attended City State

Has applicant ever skipped a grade? _____ If so, what grade? _____

Has applicant ever repeated a grade? _____ If so, what grade? _____

Does the applicant have any diagnosed physical or learning disabilities? If yes, please describe. (If applicant has an IEP, please include with application).

Medical Information

Does the applicant suffer from specific medical condition(s) that may affect his/her academic performance? If so, please describe his/her condition and needs.



